FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



1285 8/05

FORM D

OMB Number 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response ---- 16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
	†					
DATE RE	CEIVED					
1	1					

	·
Name of Offering (check if this is an amendment and name has changed, and indicate of	change.)
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Ru	le 506 🗆 Section 4(6) 🗆 ULOED
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	MAR 2 5 2004
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate changed	
Redbrick II, L.P.	187 /89
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
304 Park Ave. South, Ste. 206, New York, New York 10010	212-674-1600
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
The objective of the Fund is to provide an opportunity if	for accredited investors to
invest in urban, single-family housing properties.	
Type of Business Organization	
	please specify): limited liability company
business trust limited partnership, to be formed	
Month Year	PROCESSE
$\begin{bmatrix} 0 & 3 \end{bmatrix}$ $\begin{bmatrix} 0 & 4 \end{bmatrix}$	
·	Actual Estimated APR 02 2004
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	on for State:

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Α.	BASIC	DENT	IFICATION DATA

- 2. Enter the information requested for the following:
 - Each promotor of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Redbrick II, L.P.			
Business or Residence Address (Number and Street, City, State, 304 Park Ave. South, Ste. 206, New York, New	Zip Code) V York 10010		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	☑General and/or Managing Partner
Full Name (Last name first, if individual)			
Redbrick Associates, LLC			
Business or Residence Address (Number and Street, City, State 304 Park Ave. South, Ste. 206, New York, New			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Jonas Lee			
Business or Residence Address (Number and Street, City, State c/o Redbrick II, LP, 304 Park Ave. South, State Redbrick II, LP, 304 Park Ave. South, State Residence Address (Number and Street, City, State Residence Address (Number and Street, City		k, New Yor	k 10010
Check Box(es) that Apply: Promoter Beneficial Owner	☐Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Dr. William Wheaton			
Business or Residence Address (Number and Street, City, State c/o Redbrick II, LP, 304 Park Ave. South, State Redbrick II, LP, 304 Park Ave. South, State Redbrick II, LP, 304 Park Ave. South, State Redbrick II, LP, 304 Park Ave.		k, New Yor	k 10010
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	☑General and/or Managing Partner
Full Name (Last name first, if individual)			
Gerson Nieves			
Business or Residence Address (Number and Street, City, State c/o Redbrick II, LP, 304 Park Ave. South, S		k, New Yor	rk 10010

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B.	INFORMA	ATION ABO	OUT OFFE	ERING					
1. !	Has the iss	suer sold, o				o non-accre x, Column			-		Yes	×	
2.	What is th	e minimum	n investmer	nt that will	be accepte	d from any	individual'	?	••••		\$ <u>100,</u> 0	\$ <u>100,000</u>	
3.]	Does the c	offering per	mit joint o	wnership o	of a single u	ınit?					Yes	No	
4.]	Enter the ission or single to be listed list the narror dealer,	information milar remund is an assome of the byour may se	n requested neration for ociated per oroker or o et forth the	for each properties on or age lealer. If rinformation	person who on of purch ent of a br nore than	has been c asers in cor oker or dea	nnection waler register sons to be	ith sales of red with th	securities ne SEC an	or indirectl in the offer d/or with a l persons of	ring. If a pastate or	person states,	
Full N	ame (Last	name first	, if individ	ual)									
Busine	ess or Resi	idence Add	lress (Num	ber and Sta	ate, Zip Co	de)							
Name	of Associ	ated Broke	r or Dealer										
States	in Which	Person Lis	ted Has So	licited or I	ntends to S	olicit Purch	nasers						
(Checl	k "All Stat	tes" or chec	k individu	al States)				***************************************			All	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Name	of Associ	ated Broke	r or Dealer	,									
States	in Which	Person Lis	ted Has Sc	licited or I	ntends to S	olicit Purch	nasers						
(Checi	k "All Stat	tes" or chec	ek individu	al States)							All	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI] Full N	[SC] ame (Last	[SD] t name first	[TN] , if individ	[TX] ual)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Busine	ess or Res	idence Add	lress (Num	ber and St	reet, City,	State, Zip C	ode)						
Name	of Associ	ated Broke	r or Dealer	<u> </u>		,	<u> </u>						
States	in Which	Person Lis	ted Has Sc	olicited or I	ntends to S	Solicit Purch	nasers						
(Chec	k "All Sta	tes" or chec	ck individu	al States)		•••••			•••••	•••••	☐ All	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	(TN)	[TX]	IUTI	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Type of Security	C	Aggregate Offering Price	Amount Already Sold
•		\$	
			\$
• •	ommon Preferred	Φ	. Φ
	varrants)	\$	\$
			-
•			\$
• • • • • • • • • • • • • • • • • • • •			\$
	Column 3, if filing under ULOE.	φφ <u>σο,000,000</u>	Ψ
2. Enter the number of accredited and nor in this offering and the aggregate dollar 504, indicate the number of persons wh	n-accredited investors who have purchased securities amounts of their purchases. For offerings under Rule to have purchased securities and the aggregate dollar these. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar amount of Purchases
			\$
			. \$
-	04 only)		\$
Answer also in Appendix, 0	Column 4, if filing under ULOE.		
securities sold by the issuer, to date, in	ale 504 or 505, enter the information requested for all a offerings of the types indicated, in the twelve (12) es in this offering. Classify securities by type listed in		
Type of offering		Type of Security	Dollar Amount Sold
Rule 505			\$
Regulation A			\$
Rule 504			\$
		-	\$
the securities in this offering. Exclude the issuer. The information may be give an expenditure is not known, furnish an	es in connection with the issuance and distribution of amounts relating solely to organization expenses of en as subject to future contingencies. If the amount of estimate and check the box to the left of the estimate.	D	₫ <u>\$</u>
Printing and Engraving Costs		🛭	\$ 10,000
Legal Fees			\$ 40,000
Accounting Fees			\$ 20,000
		_	₫ \$
	rs' fees separately)	_	\$
· - ·		_	\$ 30,000
•	rel (\$10,000); Miscellaneous (\$10,000)	_	

	Question 1 and total expenses furnish	need in response to Part C - Question 4.a. This seeds to the issuer."		\$ 29,900,000
5.	estimate and check the box to the left of	grossopmofeedship pheriessee is unedkoropyrop fised the estimate. The total of the payments listed ssuer set forth in response to Part C - Questio	must	
	1 0010.		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$0.00	\$_0.00
	Purchase of real estate		🗆\$_0.00	□\$ <u>24,000,000</u>
	Purchase, rental or leasing and installa	tion of machinery and equipment	🗆\$ 0.00	□\$ <u>0.00</u>
	Construction or leasing of plant buildi	ngs and facilities	🗆\$_0.00	□\$ <u>0.00</u>
	offering that may be used in exchange	ding the value of securities involved in this for the assets or securities of another	□\$_0.00	\$ 0.00
				□\$_0.00
	Working capital		🗆\$_0.00	□\$ 5,900,000
			□\$_0.00	
		added)		<u>\$0.00</u>
follov	ring signature constitutes an undertaking by	D. FEDERAL SIGNATURE led by the undersigned duly authorized person to the issuer to furnish to the U.S. Securities and the issuer to any non-accredited investor pursuan	d Exchange Commissi	ion, upon written re-
	(Print or Type)	Signature	Date	
Redbi	ick II, L.P.		31	16/04
Redb	of Signer (Print or Type) ick Associates, L.L.C. onas Lee, Manager	Title of Signer (Print or Type) its Managing Member		

- ATTENTION -

Intentional misstatements or omissions of fast constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
	262 presently subject to any of the disqualification provisions	Yes No
V. 0441. 1441.	See Appendix, Column 5, for state response.	
The undersigned issuer hereby undertal such times as required by state law.	akes to furnish to any state administrator of any state in which this notice is filed, a notice on Fo	orm D (17 CFR 239.500) a
3. The undersigned issuer hereby undertak	kes to furnish to the state administrators, upon written request, information furnished by the issued	r to offerees.
-	t the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform L ce is filed and understands that the issuer claiming the availability of this exemption has the burde	•
The issuer has good this perification and lea-	ows the contents to be true and has duly caused this notice to be signed on its behalf by the u	ndersigned duly authorize
person.		
	Signature Date	10104

•

APPENDIX

1	Intend non-ac investo	to sell to ceredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E- Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
СА		no	yes							
СО										
СТ		no	yes							
DE										
DC										
FL										
GA										
НІ										
ID										
IL		no	yes							
IN										
lA										
KS										
KY										
LA										
ME										
MD		no	yes							
MA		no	yes							
MI										
MN										
MS										
МО										
МТ										
NE										

APPENDIX

1	2	3		4 .	5 Disqualification under State ULOE (if yes,	
	Intend to sell to non-accredited investors in State (Part B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of inves purchas (Part C	Type of investor and amount purchased in State (Part C-Item 2)		
NV						
NH						
NJ	no	yes				
NM						
NY	no	yes				
NC						
ND						
ОН						
OK						
OR						
PA						
RI						
sc						
SD						
TN						
TX						
UT						
VT						
VA	no	yes				
WA						
WV						
WI	no	yes				
WY						
PR						